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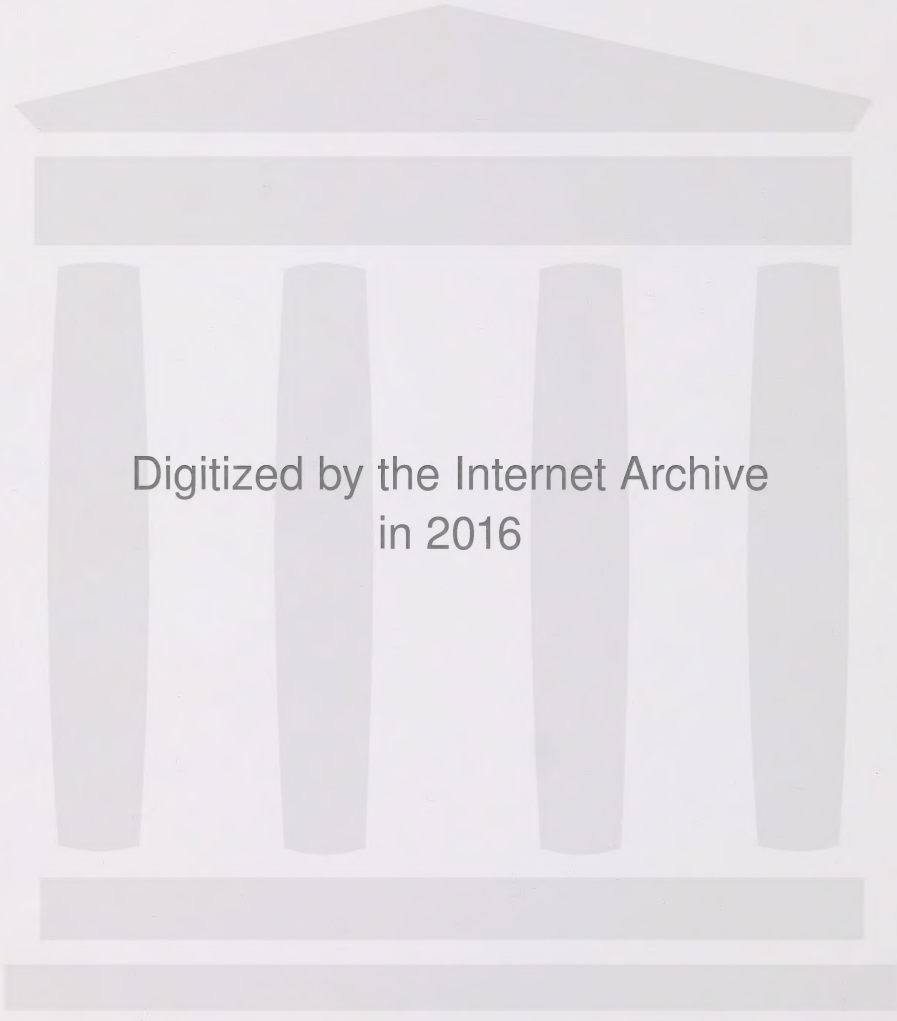
east central health

A Guide to PRIMARY HEALTH SERVICES

Our Lady of the Rosary Hospital

East Central Health November 2000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Prepared and Written by:

Dorian Frere (d. frere and associates consulting)
On behalf of East Central Health

November 2000

FORWARD

East Central Health is a rural Alberta Regional Health Authority that serves 104,000 people in a large geographic area with many strong communities. Our key challenges are access, sustainability (health professionals and finances) and public confidence.

Most of what we do is primary health care. Primary medical care is provided by more than 60 physicians. Primary health care is provided by hundreds of nurses, therapists, nutritionists, pharmacists, non-professional staff etc. We also have secondary acute care services in several communities and linkages to tertiary services in larger centers like Edmonton and Red Deer. Even if we excelled in providing primary medical care and primary health care we would fall short of what is possible because our communities have a huge impact on the health of people and the quality of life in rural Alberta.

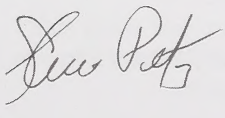
Strong and healthy people come from strong and healthy families and communities. It is this PARTNERSHIP of primary medical care, primary health care and community effort that creates the best chance of maintaining and improving the health of people and their confidence in the health system as well as the quality of rural life.

This notion of PARTNERSHIP is consistent with the history of rural people "doing for themselves" and securing the future of individuals, families and communities.

This primary health services partnership is accountable to their respective communities. Each community has its own personality, its own needs, its own way of meeting those needs and securing its own future.

Through the physicians and our local staff we want to be part of this community effort that ensures access, sustainability and confidence in rural health services.

We hope this guide will be of value to you and your community.



Steve Petz
East Central Health
President & CEO

PREFACE

In March of 1999, East Central Health applied and subsequently received funding for the development of Primary Health Services in four small rural communities. The communities each have qualities (strong local leadership, self-reliance, physicians committed to rural practice, interest in partnerships) that complement two of the key principles of Primary Health Services; team functioning and partnership development.

The project period extended over 18 months and during that time Frances Picherack, the project's external process evaluator, provided valuable feedback to East Central Health regarding the development of Primary Health Services.

East Central Health is aware that many people measure the quality of health care in terms of the number of hospital beds and available physicians. We understand that although there is an essential role for physicians and acute care, these elements represent only a part of the total "health" picture.

Our intent in developing this model is to create a structure that supports the coordination and linkage between individual practitioners and amongst facility and community services, and to insure that the primary linkage to the local community is established. Without key individuals who are involved, know their community's strengths and health needs, we would not be where we are today.

Primary Health Services means moving beyond primary care and the traditional role physicians play as the primary care provider, to using an interdisciplinary team of health (and other) professionals in order to more effectively meet the needs and concerns of individuals, families, and communities.

The change in roles and the way in which health services are coordinated to focus on people served rather than the provider of services continues to represent a major shift, both in thought and in practice.

This guide presents not only the concept of Primary Health Services, but also the key ingredients necessary to make it a reality.

ACKNOWLEDGEMENTS

The following individuals are thanked for sharing their experiences, knowledge, resources and suggestions for the creation of this document:

Community Members	Colleen Munn Sandra King Mike Faught Ravinder Pawar Rob Rondeau
Project External Evaluator	Frances Picherack
East Central Health	Marilyn Weber Sissel Bray Jennifer Currie Sharon Dayman Carol Funnell Suzanne Marsollier Georgann Hancock Marie Owen Linda Borgal Nancy Zuck Irwin Huberman Dr. Odell Olson Christine Witt Sharon Jeffares
President & CEO	Steve Petz

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Introduction

This guide introduces a 'way of doing business' that is different than traditional health services delivery. Primary Health Services is community based, and involves professionals and community members; it is cooperative, planned, and focused on meeting the unmet needs of the community using a variety of resources. This model addresses the individuals throughout the lifespan, from disease and injury prevention, to acute illness, to chronic illness management. Simply put, it makes sense.

> ***"Rural communities are creative in finding solutions because they have always had to be. We have a history of working together for the benefit of the community, whether it's for a new arena, hall, or housing, this (health) is no different."***
> *Rural Resident*

Primary Health Services Matters To....

The Community

Primary Health Services makes sense for rural communities that have limited access to resources, but have a tremendous network within which to 'make things happen'. In an age when health services are costing more, and it is difficult to recruit and retain health professionals, rural communities recognize the need to work together towards sustainable services and community viability. People in small communities want to stay in their communities as long as possible; yet, they realize that they cannot have every service on site. They must be creative.

Communities become healthier places for their residents with programs that consider not only health services, but also other factors affecting health such as employment, housing, safety, education, environment (air, water, soil) and behavior.

The Individual

Primary Health Services allows people the opportunity to become involved in positively affecting the health of their community. It creates a route to access a comprehensive team with one contact. People feel confident and reassured knowing that many professionals are linked together to address the issues of health and services, so that they can stay in their community rather than moving to larger centers to access services.

> ***"This has really got us talking together more. We really are working together for the community."***
> *Health Professional*

The Health Professional

Health professionals consider themselves to be, and indeed are, a part of the community in which they work. Primary Health Services embraces that spirit by supporting community connections. As a result of working together with other agencies and individuals, health professionals feel less

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isolated, are aware of more services for individuals, and ultimately see the improved results of a coordinated approach to health for people.

Other Professionals

Professionals outside of Health Services (clergy, teachers, police/RCMP) are excited about being a part of Primary Health Services. The individual (client) is at the center of most services, and with that in common, they complement each other tremendously.

"Being involved in Primary Health Services makes me a better police officer. I have a deeper understanding of the things I see, and I educate my fellow officers and community members"
RCMP Officer

For example, what does law enforcement have in common with health and other community services? Law enforcement professionals identify that they can understand more clearly the behaviors that are exhibited, when they view it through the eyes of other team members – crime activities increase when the local Oil and Gas company's business slows down; the mischievous child has a difficult home life and few supports. It is an advantage for law enforcement to be able to predict (to some degree) an increase in criminal activity based on employment, social, or health factors, and to assist in putting in place mechanisms to help decrease the risk of criminal behaviors. Being a part of a community team allows this to happen.

About this Guide

This guide will describe in simple terms, the components of Primary Health Services and can be used to apply the model in your community. It has been written from the perspective of health services creating the community forum to implement Primary Health Services. Illustrative examples, diagrams, and quotes are used throughout the guide.

Section One introduces the concept of Primary Health Services. It offers a comprehensive description including a definition of health, the presentation of twelve essential elements, an explanation of "needs vs. unmet needs and concerns", and keys to service integration.

Section Two provides focal points (processes) that are applied when implementing Primary Health Services in your community. Establishing community connections, utilizing teamwork, planning process, and communication are the four "factors for success" that are described in this section.

Introduction

The Primary Health Services Model is structured, but flexible enough to be used in each community reflecting the area's unique features. This guide is meant to be read and re-read. It is meant to be simple. Use it as a tool to assist you in the process of developing Primary Health Services in your location and then keep it on your shelves for quick reference.

In these pages you will see yourself, whether you are a community member, service club member, service professional, business owner, teacher, or health professional. Look for yourself and your community in the guide, and discover the possibilities of Primary Health Services.

SECTION ONE

WHAT IS "PRIMARY HEALTH SERVICES"?

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What is "Primary Health Services?"

Primary Health Services is a core set of elements that when combined utilize a team approach for service delivery defining health in broad terms. The result of the combined effort is decreased service fragmentation, decreased service duplication, absence of gaps in service delivery, and increased strength and self-determination of a community. This is achieved by working together toward a common goal, that of improving the health of the client, family, and community.

Primary Health Services
IS NOT
professionals working in the community;
IT IS
professionals working together, and working with communities toward health.

Health services are one piece of the puzzle. If health services such as physicians, hospitals, home care, or rehabilitative and preventative therapies are working independently of each other and of other professionals, and are disconnected from the people in the community, they will have less effect on improving the health of a community.

In the Primary Health Services Model health services work together, and with other services, work and plan with the community in order to increase the effect of their work on the health of the individual and community.

The diagram on the following page illustrates the services that are encompassed by Primary Health Services. All are recognized as partners in the health of a community.

Primary Medical Services

Physicians and acute care services are understood by many people to be the core of health services in their area. They are primary medical services and as such are an important component of Primary Health Services, however they represent two of many partners in health.

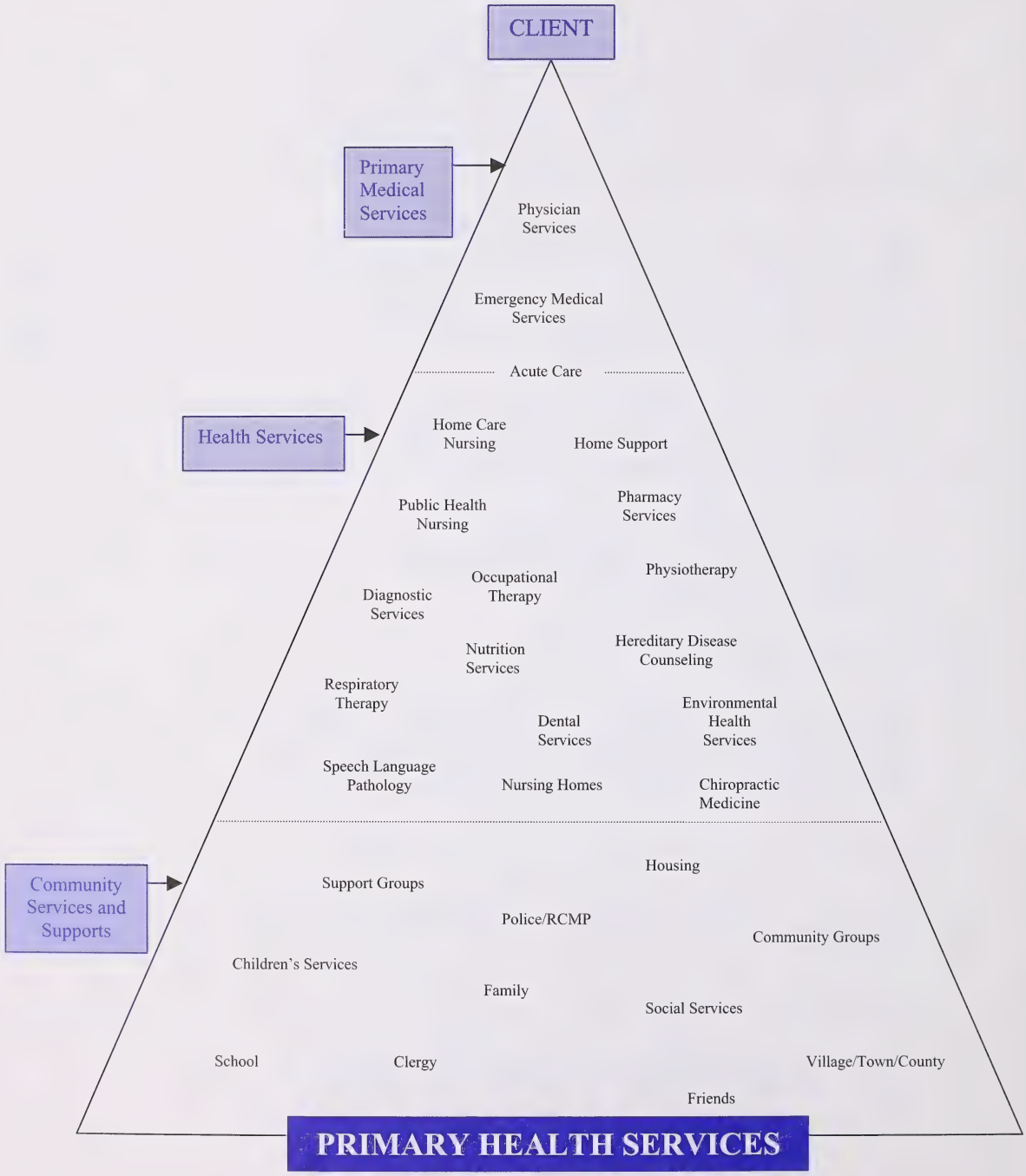
Health Services

Health services include all services that are traditionally health related. Services provided by the health region and by the private sector are both recognized.

Community Services and Support

This area of Primary Health Services includes all other groups and services that affect the health of the community and its residents.

What is "Primary Health Services?"

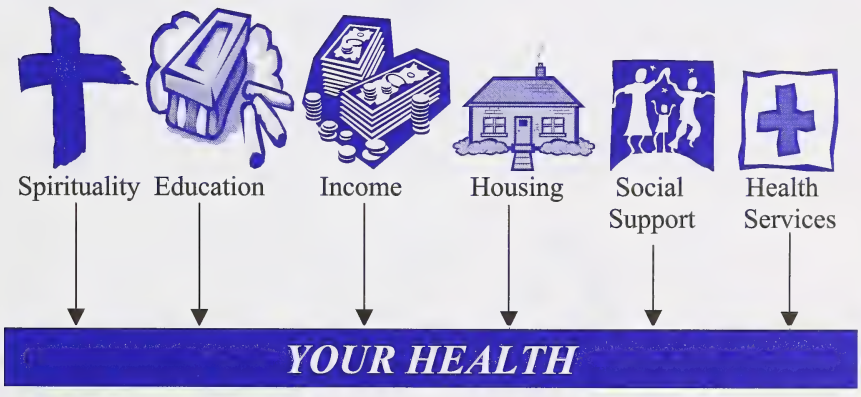


What is "Primary Health Services?"

Health is More Than Health Services

Health is defined in Primary Health Services as more than a state of wellness or illness. An individual's health is influenced by factors such as; living conditions, level of education, spirituality, the amount of support from family/friends and community, access to services, and surprisingly, the factor that most influences health is income level! In order to address these factors, health services must partner with other services and local communities to strengthen the team for a healthier community.

Primary Health Services addresses the range of health from prevention of disease and illness, promotion of healthy behaviors, treatment of illness, management of life long chronic conditions, rehabilitation, supportive services, and palliative care. The model considers individuals of all ages, from birth to death.

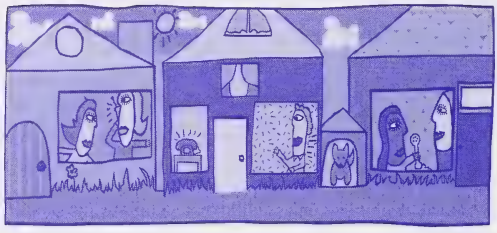


What is "Primary Health Services?"

Elements of Primary Health Services

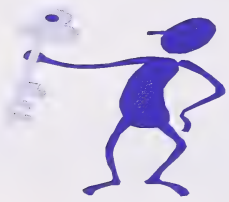
The following is a list of elements that East Central Health has adopted as being essential to the Primary Health Services Model.

Local



Primary Health Services 'happens' in the community, by the community, as close as possible to where people live, work, learn, play, and pray. This model is not meant to be in a head office, the action is local and belongs to the community. People living the community are directly involved. They make it happen.

Available and Easy to Access



People in the community know how to obtain services. The initial contact results in a connection with a network of services and support. Each level of service is linked and care is appropriately coordinated for the individual and his/her family.

What is "Primary Health Services?"

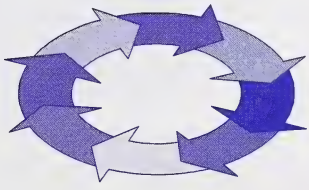
Includes Supportive Services and Activities

This system includes activities that support individuals and groups. Some examples are; family and individual support through death and dying (palliative care), self-help groups, mental health therapy, home visiting, home help, and support for families caring for chronically ill members (Alzheimer's, Down Syndrome, Multiple Sclerosis).

Health Services From Birth to Death – Comprehensive

As previously mentioned, Primary Health Services covers the range of health from prevention of illness/accidents, promotion of health, to hospital care, physician services, rehabilitation and home care. It applies to individuals from birth to death.

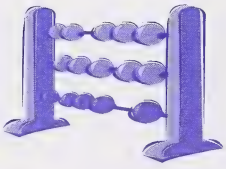
Includes all Services Affecting Health – Integrated



Health services do not work alone in the community toward health. Partnerships are developed and supported to insure that the community has a team of resources available to them in order to maintain and/or improve their level of health. This includes but is not limited to, local agencies, local groups, education, justice, recreation, housing, family and social services and local government (the town office).

What is "Primary Health Services?"

Practical Approach



"It is always better to build on the orientation and commitment of a community rather than starting over."
Health Professional

Primary Health Services coordinate and compliment the activities already happening in the community and area. By using this approach, the model results in appropriate, affordable, and effective services that are acceptable to the community. By working together with the community strengths, efficiency is gained by all – the individual (client) can more easily access a wide range of services, services are aware of and can connect with each other, and the community can work together toward a common project affecting health (eg: smoking by-laws, road safety, youth activities, senior's fall prevention).

New and Different – Innovative

Primary Health Services is not the 'same old thing' with a different name. Here's how it compares:

Primary Health Services	Traditional Health Services
Partnerships	Work in Isolation
Community Focused	Managed by Head Office
Efficient	Inefficient
Easy to access needed services	Difficult to connect with groups of services
Client Centered	Service Centered

What is "Primary Health Services?"

Adaptable – Responsive

Rather than putting a system in place that the individual has to 'fit', Primary Health Services responds and adapts to the changing needs of the individual and community.

Flexible

As well as being able to adapt to different needs within the community, Primary Health Services is flexible and applies to any community with unique challenges, strengths and opportunities. It is not a cement mold, but rather a clay model. The clay for the model is made up of these elements as described.

Responsible – Accountable

The health of the community is everyone's job.

Each component of Primary Health Services is responsible for health; the individual is responsible to themselves and their community, the groups, the community, the professional, the town or village, the chamber of commerce, and all professionals. Health belongs to the community, and positively affecting the health of the community is everyone's business.

What is "Primary Health Services?"

Based in Fact – Evidence Based

Local service providers seek and use current knowledge (articles, studies, census reports, service quality standards) to support decisions and deliver appropriate services responsibly to the community. Services are planned and delivered based on understanding the facts, and by using established and well informed practices and analysis, versus the use of bias, opinions and/or traditions to determine the service programs.

Community Involvement

Communities are a necessary ingredient and must participate in this process to make it work. Rural communities have a history of working together toward a goal. Many rural communities have active planning and problem solving groups (inter-agency, chamber of commerce). In Primary Health Services, this energy is formalized and applied to serve people better.

What is "Primary Health Services?"

The Concept of Meeting Needs vs. Meeting Unmet Needs

A truly effective system such as Primary Health Services does not put into place one service solution for all. Instead, it matches services to the unmet needs and concerns of the client, family and community. The following steps include the identification and utilization of both formal and informal supports:

INITIAL CONTACT

↓

INFORMATION AND ASSURANCE

↓

NEEDS AND CONCERNS ARE ASSESSED

↓

STEP 1 What can the person do, or be trained to do, and are willing, able and capable of doing?

↓

STEP 2 What can the family do or be trained to do, and are willing, able and capable of doing?

↓

STEP 3 What can friends and community contribute and are willing able and capable of contributing?

↓ ← **The Point at Which Services are Needed**

UNMET NEEDS AND CONCERNS

↓

The coordination of appropriate services to meet the needs and concerns of the client, family and community (examples: acute care, home care, social support, education, housing, income support).

What is "Primary Health Services?"

A Story to Illustrate the Concept of Needs vs. Unmet Needs

Bob and Tom are 68 years old and they have both had a massive heart attack. Initially they are transferred to a large hospital in the nearest city. After a time, they are well enough to be discharged back to the community hospital and then home. Their needs for rehabilitation in their community depend on their supports. Let's take an inventory:

Bob

- Married, wife - healthy 63 yr. old
- 2 children living in community, married son farms, married daughter - homemaker
- Lives in a bungalow
- Financially independent – adequate income from pensions and investments
- Member of local Knights of Columbus group

Tom

- Life-long bachelor
- Parents deceased
- Siblings living in city 3 hours away
- Living in bachelor's apartment above local bakery – accessible by outside stairway
- Living strictly on pension income, no savings
- Not actively involved in local groups

As you can see, the unmet needs and concerns of each of these men and their families are very different.

Bob is discharged home much sooner than Tom. Bob has adequate supports from friends and family, is receiving support from the Knights of Columbus group (meals and social support), and is medically supported by weekly home care nursing visits.

Tom spends more time in hospital before being discharged home. He is receiving most of his physical, psychological and social support through the institution; a rehabilitation bed meets his needs. He gradually becomes more independent until he is well enough to manage at home with support services in place – home visiting, home help, delivered meals, nursing visits. Even when discharged home, Tom needs more service coordination than Bob does because Tom has fewer supports (family, friends, social contacts) in the community.

What is "Primary Health Services?"

Service Integration

A primary goal of Primary Health Services is to achieve service integration. True integration links together services to create a common goal and vision, optimizes the use of resources (physical and professional), improves health outcomes, and enables efficient and appropriate service referrals with a solid communication feedback link between partners.

- Primary Health Services are aware of each other; their identity, role, and responsibility.

- Services are based on meeting the needs of the client. This focus creates service availability and demonstrates a shift in perspective for the service professional. Services are aligned with the principles of Primary Health Care.

- Primary Health Services are reasonably accessible for the client, family and community. In order to achieve this, some programs offer ad hoc services, while others are routinely available in the community on bi-weekly, weekly, or daily basis.

- Primary Health Services insures communication between team members.

- Each member of the Primary Health Services Team provides access to all other team members.

Primary Health Services puts into place the structure, communication and teamwork by which coordination of services occurs not only between health service professionals, but also social services, local groups/services, and individuals. The team is put into action!

What is "Primary Health Services?"

An Example: Physician Integration

Recruiting and maintaining physician services for rural communities can be difficult. One of the reasons cited by physicians is the heavy professional workload. Primary Health Services is beneficial for the rural physician because it decreases their workload through shared service responsibilities, and in addition, decreases service duplication. The result is more effective and efficient use of the physician's time and skills.

Rural areas have a high percentage of elderly in relation to total population. This senior population typically results in an increased number of patients with chronic diseases such as diabetes and heart disease. Historically, the primary physician has managed these patients. Primary Health Services connects the physician to a range of services for the individual patient, patient family, and community.

As a member of the Primary Health Services team, the primary physician refers his/her patient to the appropriate services (home care, respiratory therapy, nutrition counseling, exercise programs) with confidence in the quality of the service, and with the knowledge that the team members communicate with each other regarding the patient's status.

The result is increased work satisfaction for the physician and positive results for his/her patient.

Service Integration Matrix

On the following pages, a matrix of care illustrates the services available in small rural communities and the providers of those services. You will notice that some overlap (education, support). Each provider has an expanded role, and the client is identified as an equal partner in care.

The examples reflect chronic disease management related to the conditions of Diabetes and Heart Disease and can be followed from the perspective of any service (or support) provider.

Service Integration Matrix

	SERVICES AND SUPPORT	Individual Client	Family	Friends	Physician Services	Emergency Services	Home Care Nursing	Home Support
CONDITION								
HEART DISEASE • **56 yr old** • **female** • **recurring chest pain on exertion** • **smoker for 40 yrs – quit 2 years ago**		• notice changes • visit physician • follow recommended diet • follow exercise program • follow medication regimen	• support diet restrictions • exercise with family member • insure non-smoking environment	• support non-smoking environment • participate in exercise program	• monitor condition • prescribe medication • link patient to other services • educate regarding restricted activities and medication management	• provide services as needed for episodes of chest pain • transfer to other facility as required	• monitor vital signs weekly • monitor medication management and compliance	• provide weekly cleaning services
DIABETES • **9 yr old** • **single parent family** • **low income**		• notice changes • visit physician • follow treatment regimen	• diet and exercise support • insulin administration	• support client and family	• diagnose condition • determine treatment regimen • educate patient • link to other services • monitor condition	• treat crises as required (eg. insulin reaction)	• teach insulin admin. • provide direct footcare • educate client and family regarding diabetic care • support to monitor blood sugar levels daily	

Service Integration Matrix

Continued....

	SERVICES AND SUPPORT	Public Health Nursing	Nutritional Services	Occupational Therapy	Physiotherapy	Respiratory Therapy	Speech Language Pathology
CONDITION							
HEART DISEASE • **56 yr old** • **female** • **recurring chest pain on exertion** • **smoker for 40 yrs – quit 2 years ago**		• promote non-smoking environment in public spaces • lobby town or village re: smoking by-laws • educate local service clubs re: smoking cessation and risks of smoking	• support dietary require-ments (provide recipes and meal plans)		• support through a cardiac rehabilitation exercise program – supervised weekly exercise • assess chest pain during exertion and report to physician	• assess need for oxygen and monitor as needed	
DIABETES • **9 yr old** • **single parent family** • **low income**		• educate school about Diabetes • provide school professionals with resources for treatment of low or high blood sugar levels	• counsel regarding nutrition • monitor client's diet		• counsel regarding exercise as it relates to the diabetic condition		

Service Integration Matrix

Continued….

	SERVICES AND SUPPORT	Hereditary Disease Counseling	Environmental Health Services	Pharmacy Services	Dental Services	Chiropractic Medicine	Town or Village	Social Services
CONDITION								
HEART DISEASE • **56 yr old** • **female** • **recurring chest pain on exertion** • **smoked for 40 yrs – quit 2 years ago**			• support smoking by-laws in the village or town through consultation	• educate regarding drug regimen (side effects, warnings, inter-actions) • support smoking cessation eg; stock products			• consider smoking by-laws for public space	
DIABETES • **9 yr old** • **single parent family** • **low income**		• counsel regarding the hereditary factors related to the diabetic condition		• educate regarding insulin administra-tion and over the counter drugs	• educate regard-ing dental and mouth care for the dia-betic			• support for family • link to agencies for financial consider-ations (Alberta Health, AADL, Blue Cross)

Service Integration Matrix

Continued....

	SERVICES AND SUPPORT	Support Groups	Family and Community Support Services	Children's Services	Service Clubs	RCMP Justice	Church	School
CONDITION								
HEART DISEASE • **56 yr old** • **female** • **recurring chest pain on exertion** **smoker for 40 yrs – quit 2 years ago**		• provide support for smoking cessation through weekly meetings • advocate for smoke free public space			• provide and/or support smoke free environment during functions	• enforce cigarette purchasing laws	• spiritual support	• support education regarding the risks of smoking
DIABETES • **9 yr old** • **single parent family** • **low income**		• diabetic support group links to resources from the Canadian Diabetic Assoc.	• school counseling as needed by client	• support through counseling • link to other agencies (eg. children's activities and clubs)			• spiritual support	• support the education of students and teachers regarding Diabetes

What is "Primary Health Services?"

The Wheel of Primary Health Services

A diagram of the Primary Health Services Model follows on the next page. Here is the description of the components.

The Hub

The unmet needs and concerns of the client (individual, family, or community) are at the center of the Primary Health Services model. This is a client-centered approach.

The Spokes

The factors that affect and influence health are depicted as spokes, or sections of the wheel. Each are connected with a broken line to indicate that they influence each other and that there is overlap of responsibility and function.

The Axle

Surrounding the Client's Unmet Needs and including all of the factors affecting and influencing health, are the activities of integration and coordination. This area illustrates the expectation that people will work together to 'make things happen'.

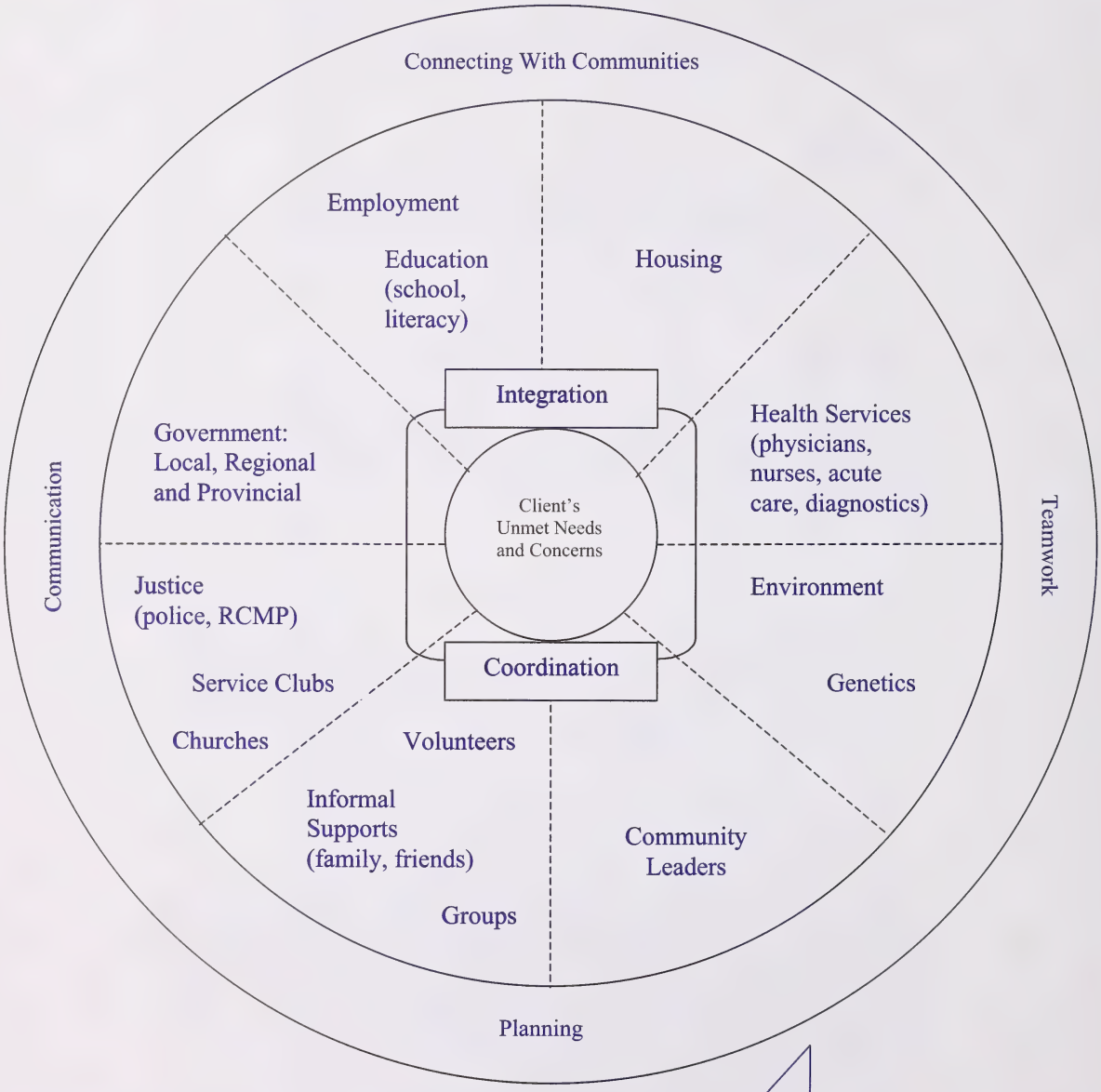
The Tire

In the outer circle of the 'wheel' are the essential activities that make Primary Health Services work in your community. They are the processes by which Primary Health Services is applied at all levels: community, staff and management.

Motion

Finally, the arrow at the bottom of the page indicates that Primary Health Services is ongoing. It is a process that ends in coordinated activities that achieve desired outcomes. The activities of Primary Health Services are not static; the model is constantly in motion.

Primary Health Services Model



Outcome:
Maintain or Improve Health

The Wheel of Process in Motion

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EXAMPLES OF PRIMARY HEALTH SERVICES

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Examples of Primary Health Services

The following stories will provide three different examples of Primary Health Services. The first, is an example of increasing the ability of an individual to maintain their health or improve it. The second scenario focuses on treatment of an illness and recovery. The third story is about managing a chronic condition.

All of these examples demonstrate that Primary Health Services is more than health services, it is connected to many services and focused on the unmet needs and concerns of the client.

Scenario One – Fitness Center and Walking Route

This scenario describes a process that actually happened in a community in East Central Alberta.

During a community Primary Health Services meeting, the representative from the local school commented that the school had a wonderful exercise facility and had just received new equipment. He stated that it was a shame that the exercise room was used so infrequently.

The Senior's Coalition, which also sits at the community Primary Health Services table, identified a need to have a safe walking route for seniors. Walking was especially difficult in the winter and seniors wanted to walk with a partner or in groups.

Examples of Primary Health Services

The Primary Health Services community group immediately saw an opportunity and went to work.

The school administration investigated the possibility of making the school available to community members for extended hours (beyond school hours). The Public Health Nurse and Occupational Therapist investigated the development of a walking route in the school hallways, measuring distances, checking for safety and lighting.

The school became open to the public during off school hours, giving access to the hallways for a walking route, and the exercise room as a community fitness center. Pamphlets describing the new facilities were developed and distributed in the community and an article was written for the local paper.

Outcomes:

- Affordable, accessible physical activity center
- An opportunity for social support for senior's wanting to walk together
- Expanded the school service to the community
- Established connection between the school and the local seniors

Partners Involved:

- Local school
- Health services
- Senior's Coalition
- Local newspaper

First contact with Primary Health Services:

- The community primary health services team

Scenario Two – Motor Vehicle Collision Causing Injury

Judy was trying out a new all terrain vehicle in her farmyard. Not being familiar with the accelerator, she mistakenly drove into a grove of trees on her property. She was badly injured.

Examples of Primary Health Services

The local ambulance service transported her to a large hospital for treatment because of the severity of her injuries – she had sustained a broken right leg and left arm, both required surgery.

After a short stay at the large city hospital, Judy was transported to her home in a small town. She had many needs:

- Bathing
- Meal preparation
- Getting dressed
- Getting around
- Cleaning the house
- Income affected – unable to work
- Rehabilitation

Her physician contacted the local service coordinator before Judy was sent home, explained the injuries and requested that required services be put in place. The service coordinator determined Judy's unmet needs through an assessment process and arranged services to meet those needs.

- Occupational Therapist
  - Visited the home to set up appropriate equipment– area rugs removed, furniture rearranged, and grab bars put in place

Examples of Primary Health Services

- Home Help
  - Judy's family and friends agreed to take on these responsibilities

- Meal Preparation
  - A local church group and friends offered to prepare and deliver supper to the family for a two week period

- Physiotherapist
  - Visited Judy and set up a rehabilitation program

- Income Support
  - Service coordinator contacted Judy's insurance company and social services to investigate her financial options

Examples of Primary Health Services

Outcome:

Judy recovered completely at home with these coordinated supports (formal and informal) and services in place.

Partners involved:

- Family and Friends
- Church Group
- Social Services
- Physician
- Service Coordinator (discharge planner)
- Occupational Therapy
- Physiotherapy
- Insurance Company

First contact with Primary Health Services:

- Judy's Physician
    - Service Coordinator

Scenario Three – Management of Diabetes

Susan is on social assistance, and is managing fairly well raising her two children, Danielle (9) and Scott (7) as a single parent. She lives in a small house on an acreage about 4 miles from the nearest town (pop 450). Susan had surgery two weeks ago and since leaving the hospital, she has been seen in her home by a Home Care Nurse who is assisting her with the post-operative dressing on her abdomen.

During one of the visits, Susan asked the Home Care Nurse if Danielle (9) could be ill. She described Danielle's symptoms. The Home Care Nurse felt that it would be important for Danielle to be seen by a physician.

Examples of Primary Health Services

Susan did not have a car, but the Home Care Nurse was able to coordinate transportation through social services.

Dr. Green is the local physician for the town nearest to Susan and her family. After seeing Danielle and evaluating the symptoms and lab results, he told Susan that Danielle had Diabetes. Dr. Green assured Susan and Danielle that he would act as her care coordinator. Dr. Green consulted with a diabetic specialist in the nearest city to determine the most current management of the young diabetic and began to coordinate services for Danielle.

The Home Care Nurse continued to visit Danielle and her mother, and helped both to understand and manage Danielle's condition. During the visits she:

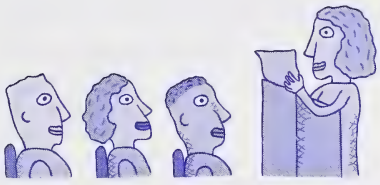
- Counseled the family and client about the nutritional needs of diabetics
- Assisted the family in monitoring Danielle's blood sugar levels
    - Taught the family how to use the equipment, how to use a needle to give insulin, how to measure insulin, and how to adjust the dosage
    - Reviewed results on every visit and made adjustments according to the directions given by Dr. Green
- Arranged for a physiotherapist from the nearest center to visit the family and review Danielle's physical activity
- Organized a charting system in her home for use by all professionals involved with Danielle's care. Danielle would take this chart to each visit with her physician

When Susan picked up the insulin at the pharmacy for the first time, the pharmacist reviewed the medication with her and encouraged her to phone if she had any questions.

Danielle's teacher expressed interest in learning more about diabetes both for her class and her fellow teachers. The diabetic clinic in the nearest

Examples of Primary Health Services

city included an education outreach program. The Home Care Nurse contacted the diabetic clinic and they agreed to come to the school and talk to the students, and to conduct a separate session with the teachers.



The Diabetic Outreach Educator brought a quick reference sheet for teachers to post "Hypo and Hyperglycemia (low and high blood sugar levels) – Identification and Treatment". This sheet was posted in the school infirmary.

Susan was concerned about the cost of supplies for Danielle. The Home Care Nurse linked Susan to financial supports that were available.

Danielle's chronic diabetic condition required management over her lifetime. Many professionals were involved with her. Primary Health Services insured that her care was coordinated:

- Consistent and current information for teaching
  - Physician consults with specialist
  - Education outreach from diabetic center
  - Quick reference sheets
- Communication links
  - Home Care Nurse and physician
  - Common chart in Danielle's home
- All relevant partners are involved
  - Physician
    - Family Physician and Dietician
    - Specialist
  - Home Care Nurse
  - Pharmacist
  - Teacher
  - Diabetic Education Specialist
  - Social Services

SECTION TWO

FOUR FACTORS FOR SUCCESS

1) Connecting With Communities

2) Teamwork

3) Planning

4) Communication

East Central Health
November 2000

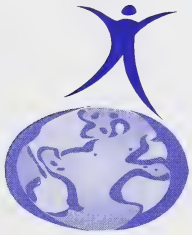
1. CONNECTING WITH COMMUNITIES

Connecting With Communities

What Does "Connecting" Mean?

Connecting to communities includes any activity that increases awareness, expands knowledge, identifies needed supports and overcomes barriers, explores the viewpoint of others, and results in a common understanding. The connection includes the grass roots community member, informal leadership, and formal leadership. It involves all layers in matters that concern and affect the group. Health is clearly one of those matters.

Connecting With the Geographic Community



The first part of determining the readiness of a community for Primary Health Services, is to assess their ability to function as a Primary Health Services site. Some factors that would influence this are: an established physician, an established inter-agency group, a trusted local health leader, the number of services in the community, and neighboring communities.

"We have to remember that in some communities, health services are the last to ask for a seat at the community table."
Health Professional

Communities are the 'grass roots' of Primary Health Services. As previously mentioned, rural communities have a tremendous ability to 'make things happen'. They have built in supports and systems for activities such as putting on weddings, serving lunch for funerals, organizing meals for a family in need, and building new community centers. It would be inconsistent with the principles of Primary Health Services to enter a community and tell them how to organize around an issue when they have already demonstrated that capacity.

It is an advantage for a local health leader to connect with the community. Many already are involved in their local communities as a resident. The established trust relationship and knowledge of community individuals will advance the process of identifying municipal leaders, community leaders (formal and informal), community strengths, abilities, issues, and values, all of which are important factors for Primary Health Services development.

Know the community.
Know the people.
Know the issues.

Connecting With Communities

Connecting With the Community of Professionals from Other Sectors

There is a full range of professionals from other sectors that you will need to connect with. Some to consider are school administrators, teachers, police/RCMP, municipal leaders, and clergy.



Primary Health Services embraces involvement of all sectors in the community. When working together, the capacity to address common health issues and concerns is exponentially increased. The following is an example that illustrates this capacity.

A Primary Health Services community group has identified that they are concerned about the number of injuries that are incurred by seniors due to falls. After discussing it at the meeting, a comprehensive plan is set into motion to address the issue. It includes:

- The senior's group supports an education program facilitated by the local home care nurse
- The municipality agrees to tour the town with an occupational therapist and identify trouble spots on roads and walkways and put into place a plan of repair over the next year
- A local fitness expert agrees to provide a weekly senior's fitness program at the Senior's center
- Each church has agreed to examine the lighting in their building and their entrances to identify any problem areas and will work with a local carpenter who will donate time to create ramps and paint steps
- The pharmacist develops a warning note and includes it in any prescriptions that may affect balance and could increase the risk of falls

The potential list of activities identified and carried out by this group is virtually endless and reflects both formal and informal supports.

Connecting With Communities

Connecting With the Community of Health Professionals

Regional Health Professionals

'Connecting', as it applies to of health professionals, is introducing them to Primary Health Services as a new way of doing business, and actively investigating the potential of your health region or district to take the model and 'run with it'. Professionals include senior management, board members, program and facility managers, physicians, and front-line staff.

Meetings, both formal and informal, are a great way to let people know about Primary Health Services. Present the model at formal meetings of the Board, Program Teams, Physicians, Management, and Support Staff. Discuss the idea of Primary Health Services at coffee, in the hallway, and with colleagues.

Other Health Professionals

There are many health professionals such as pharmacists, mental health workers, dentists, chiropractors, optometrists, podiatrists, etc. that work independently or for other agencies. They are all potential partners in Primary Health Services.

Consider health professionals from provincial services that have a mandate to provide services to rural communities (Canadian Diabetic Association, Cancer Society, Red Cross). There are provincial and national associations that have an outreach support and/or education component. They also become a part of the network of professionals that are accessed through Primary Health Services.

When you present the concept of working together in a coordinated effort for the community and individual, ask if this is part of their mandate. Many relationships are created this way. Often you will find the professionals eager for the opportunity to work together.

Connecting With Communities

As you meet, determine which groups or individuals are the leaders. Which people influence others? Do you have leaders that suit this model of service delivery and who make things happen? What connections can be made to support the implementation of Primary Health Services? Ask for their help explaining the concept and model to others.

Provide opportunities for health services, both managers and front line, to attend conferences about Primary Health Services. Invite a few key professionals from a district that is using the model to speak to your groups about it.

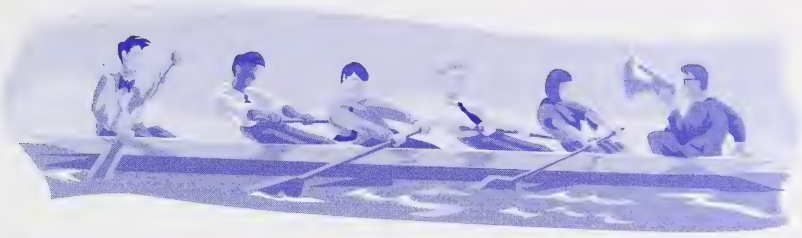
Create a common language around the model of Primary Health Services. Don't cloak discussions with terms and jargon. Simplify the model so that it is meaningful to your group. Ask for feedback and be prepared to accept it.

2. TEAMWORK

Teamwork

Teamwork and Primary Health Services

Teamwork is a group of people working effectively together with a sense of common direction and purpose. Teams are an essential part of the Primary Health Services model.



The power of the group is always greater than that of the individual.

Features of Team Members

Just like choosing team members for a sport like hockey or football, the Primary Health Services team members are chosen because of the qualities they bring to the process.

There are individual qualities that are complementary to a Primary Health Services team whether it be the health services steering committee, the professional services team, or the community planning team. They are:

- Being facilitators of the process
- Being problem solvers
- Possessing strong communication skills
- Possessing strong "people" skills
- Valuing partnership
- Being respected and respectful
- Being a "Doer"
- Believing in the Primary Health Services Model
- Understanding their role in the process
- Understanding the importance of valuing and recognizing people and the community as the center of Primary Health Services
- Possessing a broad understand of health and the factors that affect it

Consider these qualities when developing staff recruitment strategies if your region/district is using the Primary Health Services model.

Teamwork

The Importance of Fostering Leadership and Supportive Management

Fostering leadership encourages participation, creates trust, allows for 'out of the box' thinking, and produces change

It is important to incorporate a leadership approach with this model. In order to be effective, Primary Health Services relies on the participation of both professionals and community members. Fostering leadership joins people with common interests and goals in a participatory process to define the vision and move to action.

"The challenge for the health agency that has a mandate to manage services, is to do so in a way that is compatible with the role they play as partners in the multi-sectoral leadership for health in the community."
Project External Evaluator

The process of Primary Health Services is managed in a supportive way through committing time, providing necessary tools, supporting the process, and planning. Management carries the responsibility of modifying directions, committing to the process, and supporting the individual and client as they move toward Primary Health Services in their community.

Primary Health Services Teams

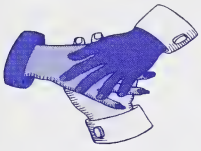
Community Team

The community team includes a local health services leader as well as community leaders, both formal and informal. This team evolves from another team existing in the community such as an inter-agency group. The difference between an inter-agency group and a Primary Health Service community team is mainly that beyond sharing information, the Primary Health Services community team plans and mobilizes around identified issues related to health.

The purpose of this team is to work together to examine the community from the perspective of broad based health (as discussed in the first section of the guide) and to plan for service coordination in their community based on identified needs and concerns. This is an "action" working group. This is a group whose foundation is in the grass roots of the community.

Teamwork

Achieving results early in the process will keep group members inspired. While it is the role of the community groups to plan Primary Health Services locally, they should also begin working on a project that will result in a visible difference. This will energize the group. Be careful to not make the mistake of bringing together your "doers" and make them sit for the first year planning. You will quickly see your group reduced in size.



Health Services Team

The Health Services Team consists of key individuals from several service areas, programs and local site leaders. Team members are selected based on the characteristics important for team functioning.

> ***"It felt good to be chosen as part of the health services team. I felt like my work had been recognized. This model is the way we should be doing things."***
> *Health Professional*

The purpose of this team is to coordinate the efforts toward Primary Health Services. Through routine meetings, they share ideas, information, and experiences, as well as resources. Planning is part of the task at hand, as is examining the progress toward achieving a Primary Health System.

It is important to have senior management as team members. Their presence reinforces corporate support for the model, and places decision-makers at the health-planning table. This can help to move the process forward by facilitating the health agenda and by sharing the vision and direction to achieve health goals.

Professional Services Team – Health Services and Beyond

In order to create a system where professionals work together toward a common goal for the client (community or individual), there must be a sense of cohesion and synergy. The group should feel like a connected team.

Initially, the professionals that are relevant for Primary Health Services (traditional providers, complimentary, and alternative providers) are identified. An inventory of local professionals from this list follows, then the inventory of "outreach" professionals (regional, provincial). A comprehensive list is created and it becomes the visual representation of the team of professionals.

3. PLANNING

Planning

There are many excellent planning resources that can be accessed by your group to assist you in structuring your plans. Your region or district may have resources that would be useful for this purpose. This section, rather than taking you through the "how to" of making a work plan or operational plan, presents the role of planning in Primary Health Services.

Why Plan?

Planning provides structure and a sense of order for the process of Primary Health Services. It results in identifying the direction, the progress, and the achievements of working with the model. Planning is the responsibility of both the health services team (corporate/operational planning), and the community team (action/work planning).

Effective planning insures that there is a linkage between each plan, from provincial to local. Planning is influenced at all levels by the community.

The Community Plan

The action/work plan breathes life into Primary Health Services. The plan details specific tasks, and provides jobs for the 'doers' in the community.

Communities involved in Primary Health Services have stated that the planning is challenging, but that it identifies what needs to be done, and as well, the planning process honors, recognizes, and gives a presence to what has been done. It adds structure to activities and creates a common direction. It identifies results. This has a positive effect on the community team members because it is a tool that they use to solidify their team bond. Many state that it helps to keep them involved and energized.

> ***"We know we're going somewhere with this when we look at our plan during each meeting. It shows us where we've been, where we are, and where we're going."***
> *Community Team Member*

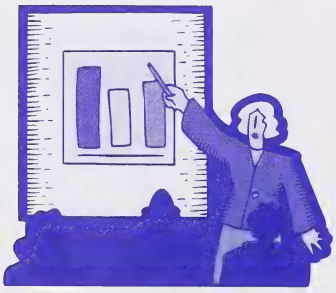
Considerations of Planning With Communities

Community teams that you will be working with are a diverse group. They have differing levels of experience, education, and abilities. Therefore, it is important for your group to consider using the skills and experience of a trained facilitator for your first meeting with the community team.

Planning

When choosing the facilitator, ensure that they understand communities, understand planning, and understand the Primary Health Service model. The facilitator will assist the community team to identify:

- Who is the group?
- What do they want to accomplish?
- What are the community and group strengths and resources that support what they want to accomplish?
- What does the community group need to acquire to support their goals?
- When are they planning to do it?
- How are they planning to do it?



From the initial facilitated meeting, someone in the group (health services representative) can apply the information to the action/work plan structure (goal, objectives, strategies, indicators, etc.). When the Action/Work Plan is completed, the community team validates it. It then becomes the working document for the group.

You will find that community groups tend to function differently. Allow flexibility in planning to allow for these differences. Your community team may want to concentrate all of their collective resources in one direction at a time, or they may prefer to set up smaller teams to work on several small projects at a time. The Primary Health Services model is meant to provide structure but also flexibility, so that the community can make it their own.

Planning

Community Team Planning Caution!

Be careful not to 'bog the team down' in the planning phase, or you will find the energy of the group decreasing rapidly. Community team members have said that they are inspired by 'doing' not 'planning to do'.

The Operational Plan

The operational plan supports the role of health services in the Primary Health Services model and is a document written by the team. It provides the structure for the process necessary to make Primary Health Services successful. In short, it allows Primary Health Services to happen, and considers the factors that put the model into motion.

Primary Health Services is different than traditional service delivery. This structure is important because it supports the front line worker who is active in the community. The operational plan reflects that working with communities takes more time than independently providing health service programs.

Planning

The Business Plan

Read the business plan for your region or district and determine which components can be applied to the Primary Health Services model. You may find that this model links well with financial directions (increased efficiency in service delivery), or with service directions (working with other professionals - integrating), or with program directions (the client is the focus of program services).

Linking the Primary Health Services model to your business plan sets up support for the process from the Board level. This support is very powerful. It demonstrates the intent of a region or district to invest in Primary Health Services. When a 'new way of doing business' is supported by the regional or district board, there is more influence when taking the model to the health professionals, and to the community.

COMMUNICATION

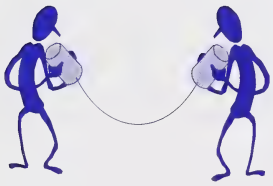
Communication

Communications – The Glue That Binds

Communication is the thread that runs through the fabric of Primary Health Services. It is more than media kits, press releases and pamphlets. It is meetings, minute distribution, presentations, facilitation, phone contact, email, contact booklets, consumer services booklets, newspaper ads, newspaper articles, newsletters, mail drops, local posters, restaurant placemats, restaurant table top display placards, and word of mouth.

Communication is not only what we do, but also how we do it. One of the hallmarks of Primary Health Services is that it is based on respect. Respect for the community and the individual leads communication at every step.

Primary Health Services provides an opportunity to communicate by using a marketing approach. Choose a common logo and color scheme for all of your marketing (posters, signs, tabletop displays, newsletters, booklets). Choose carefully where to put your materials, perhaps it is better to put them in the town office and library instead of in your office. Always use the KIS approach – Keep It Simple!



Communication

Communicating With the Community

Small communities have communication vehicles that are unique to them. Strategies that are effective for larger centers may not work in a small community. This section will offer specific ideas for your group as you work on communicating through community work, teamwork, and planning.

The Community Meeting

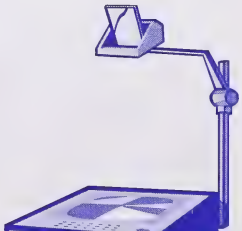
A community meeting that includes local leaders (formal and informal), local health services leader(s), and senior health management, is a way to introduce the community to the concept of Primary Health Services. Because the model is new to most people, there can be many questions or concerns:

> Are you closing our hospital?
> What exactly is this?
> Is health our responsibility?

The group of health services professionals can answer the questions with the support of senior management. The presence of senior management at an on-site meeting in a small community lends commitment and credibility to the process.

> ***"It was great to have our CEO at the meeting. He introduced me, so the local people knew that he supported my role in the community."***
> *Community Health Leader*

All communications during the meeting should be honest and clear. Use simple overheads to illustrate the model. Reproduce pages from the first section of the guide to use for your presentation. Be prepared for the questions, and be honest with the answers. These initial community meetings are extremely important for the trust and relationship building that enables success for those that decide to be involved in Primary Health Services.



Communication

Communication for the Community Team

Communication with this team will be very similar to the communication with the health professional team. Meetings are regularly scheduled, the position of chairperson is rotated, and minutes are taken and distributed. A team contact list should be produced and updated as required.

Marketing Strategies for Rural Communities

Rural communities have a very powerful "word of mouth" network of communication. It can be extremely effective to spend time in the community at the local coffee stop, restaurant or hairdresser, and talk about Primary Health Services. Not only will the ideas be passed along, but also you will establish a profile in the community and will be associated with 'what is happening'.

Local newspapers are well read by rural residents. They are a terrific communication resource to use. In fact, the local weekly newspaper is more effective than the larger dailies; and an added bonus – advertising is less expensive!

Mail drops through the local post office are another great way to reach residents in the town and surrounding area. They are inexpensive and well received. Produce a newsletter quarterly and distribute it through a mail drop.

Practical advertising is easy in towns. Posters are well read and stay posted, and using placemats for local restaurants will always work. Keeping it simple will really work for you.

A different idea; how about distributing information in pay stubs of local businesses? This will work well for business related activities like stress reduction, walking programs, fitness facilities, or work place ergonomics.

Communication

Communicating With The Professional Services Team

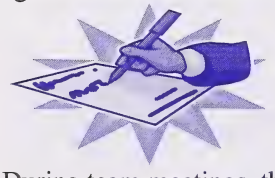
This team, as mentioned earlier in the Guide, is made up of a variety of professionals. Some of these individuals are local, some regional, and some are provincial. Because they are scattered, monthly meetings are unlikely to be a practical way to communicate. So how do you bring this team together?

Face to face communication goes a long way to link a group over time. Gather your extended group of professionals together once or twice a year. This is an excellent communication strategy in the early phase of Primary Health Services. Once on site together, each professional shares who they are, what they contribute to the team, and what they hope to gain from being involved. Contact information can be prepared ahead, in a 'team contact booklet', and distributed at the meeting. The team is connected and much more likely to appropriately refer to each other, or to contact one another for consultation or the coordination of service efforts for the client/family/community.

Communicating With The Health Team

Open and honest communication has been an important feature in Primary Health Services as expressed by health team members involved. The team members need to be informed. The presence of management at the meetings as a member of the team is an advantage for communication. Information can be shared from the board and senior level.

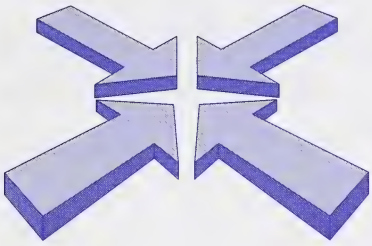
Once you have created a team from your health services region, district or area, let them know how the group will communicate. Immediately develop tools such as a team contact list, meeting schedule, and agreements to record and distribute minutes.



During team meetings, the principles of respect and leadership guide all communication. All team members contribute by sharing information, updates and ideas. Communication has a major role in creating a functioning team.

Communication

Communicating to Integrate and Coordinate Services



Primary Health Services requires that professionals, both traditional health services and others (Children's Services, Social Services, Police/RCMP, Clergy, Education) work together in a coordinated way. This cannot happen without communication strategies in place. These services need to know about each other: Who provides the service? What is the service? Where is the service provided? When is the service available?

Referrals to services are more likely if each service professional has quick access to a booklet containing all relevant information. Referral forms can be created to increase the likelihood of two-way communication.

For complex individual situations, service coordination may be required. A professional is given the task of contacting all relevant services for the client. This is made more efficient if a quick reference booklet of services is available.

Professionals, communities, and individuals need to know how services are coordinated, available, and accessible to them. They need know how to connect with Primary Health Services. The answer lies in communication. An awareness campaign using marketing techniques and simple strategies, and producing services booklets, will meet the "need to know".

END THOUGHTS

East Central Health
November 2000

End Thoughts

Primary Health Services is an ongoing process. Although structured, it is flexible enough to belong to any rural community and enables service delivery. It is the coordination of services working together for the client. Although new in concept, it is old and experience based in its practicality.

Take this model to your region or district. Present the concepts. Use this Guide to support your presentations. Examine the business plan and identify links. Talk to physicians, management, and staff. Talk to the people, present it to your communities.

Create your teams and strengthen them with solid communication links. Plan with them. Work with them to reach your common goals.

The strength of Primary Health Services is that it's foundation is the community. This model focuses on teamwork, respect, leadership, management, communication, and most importantly, on the health of the individual or group client, the family, the community and surrounding areas, as a whole.

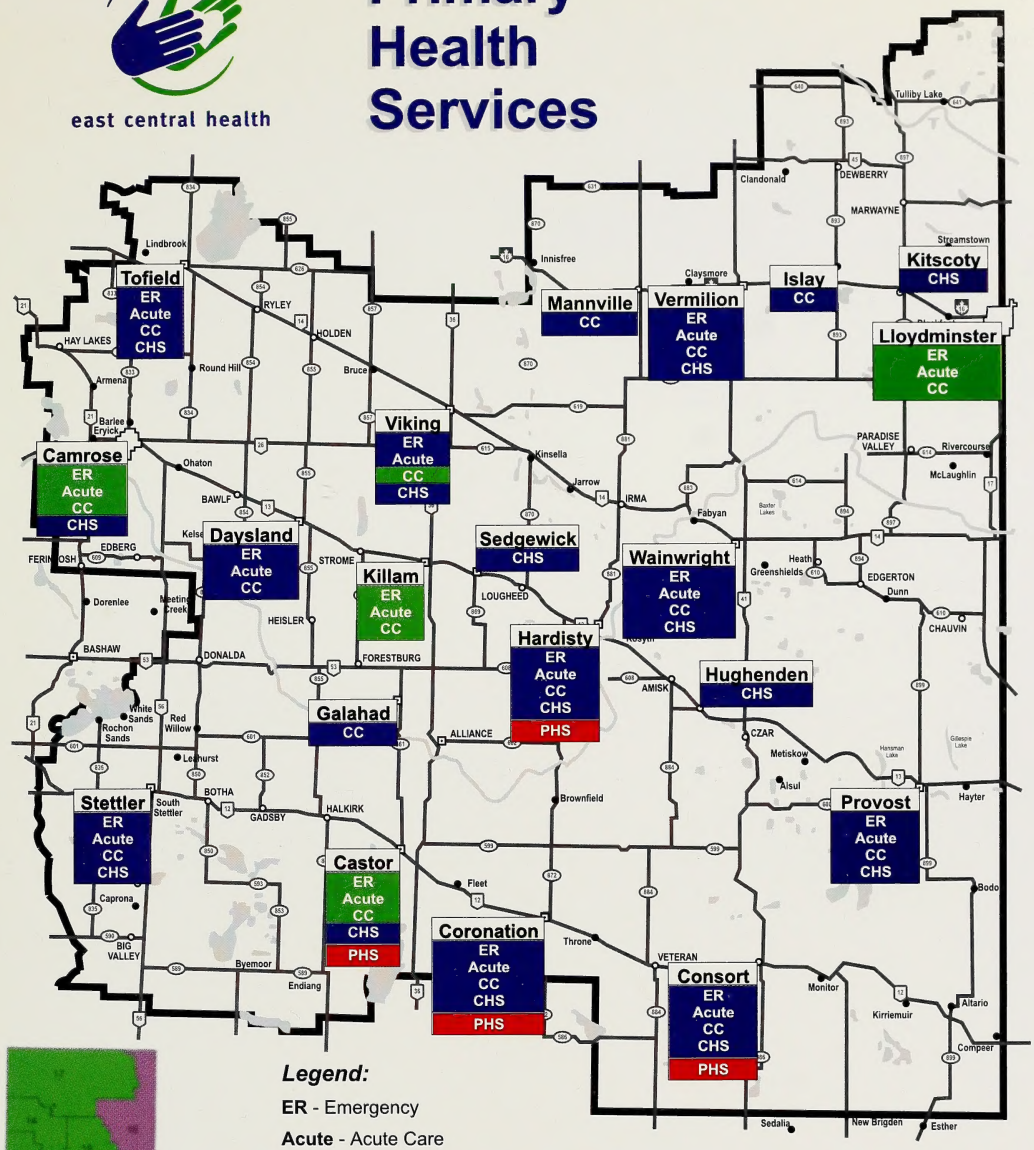
The Primary Health Services Model embraces the philosophy that it is the community that sets the direction and determines the pace of development.

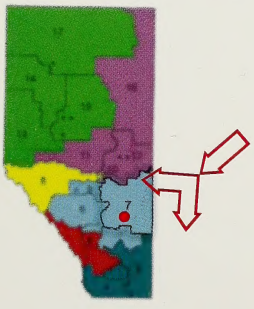
As stated by Steve Petz, CEO of East Central Health:

"Primary Health Services is not a revolution, it's an evolution"

east central health

Primary Health Services





Legend:

ER - Emergency

Acute - Acute Care

CC - Continuing Care

CHS - Community Health Services

PHS - Primary Health Services

Blue - ECH Services & Facilities

Green - Associate Partners

For further information on Primary Health Services contact:

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